

215037576  
60298

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 69	Agency Case No. B5-085294	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input type="radio"/> YES <input checked="" type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/14/2015			TIME OF ACCIDENT	STATE USE ONLY  09/15/2015
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1437	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. S 18th St/L-M			ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	
C	DISTANCE FROM MILEPOST	FEET	N S E W	OF MILEPOST	HIGHWAY NO.	LONGITUDE
D	IF AT INTERSECTION			IF NOT AT INTERSECTION		
1	NAME OF INTERSECTING ROADWAY			<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
V1/M	162.00			X		S curb of M St
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
1	1					
F	VEHICLE NO. 1					
9	DRIVER LICENSE NO.				STATE (Of License)	SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
V1/N	DRIVER	Unknown			PHONE	LOCAL NO.
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	
1	OWNER	MOISES C XINUM			PHONE 580-275-8485	LOCAL NO.
G	OWNER ADDRESS	CITY, STATE, ZIP			CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.
2	1744 L St #3E, Lincoln, NE 68502					
H	LICENSE PLATE PA NO.	TMI790			YEAR (Plate Expires) 2015	STATE (Of Plate) NE
V1/O	VEHICLE	YEAR 1996	MAKE Honda	MODEL ULE	BODY STYLE 4 door Sedan	COLOR white
1	VEHICLE ID NO. (VIN)	1HGCD563XTA159267			ESTIMATED DAMAGE <input type="radio"/> TOALED \$	
V2/O	TOWED TO	TOWED BY			INSURANCE COMPANY Progressive Northern Ins	
1					POLICY NO. 15717408	
I	VEHICLE NO. 2					
7	DRIVER LICENSE NO.	Parked			STATE (Of License)	SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
V1/P	DRIVER	Parked			PHONE	LOCAL NO.
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	
1	OWNER	TANA C HEFLEY			PHONE 402-601-4873	LOCAL NO.
J	OWNER ADDRESS	CITY, STATE, ZIP			CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.
12	2828 Washington, Lincoln, NE 68502					
V1/Q	LICENSE PLATE PA NO.	SCI290			YEAR (Plate Expires) 2016	STATE (Of Plate) NE
V2/Q	VEHICLE	YEAR 2001	MAKE Saturn	MODEL SL1	BODY STYLE 4 door Sedan	COLOR blue
4	VEHICLE ID NO. (VIN)	1G8ZH52801Z327960			ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 50	
K	TOWED TO	TOWED BY			INSURANCE COMPANY Farm Bureau	
01					POLICY NO. 0000000007981317	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						DATE OF BIRTH (MM / DD / YYYY)
VEH. #	NAME	ADDRESS			1 2 3 4 5	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME			Seat Position Eject Body Region Injury Sev. Trans.	
VEH. #	NAME	ADDRESS			EMS SERVICE NAME	EMS RUN REPORT NO.
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.

# THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
B5-085294



Indicate  
North  
by Arrow



Drawing Not to Scale  
Measurements Not Exact  
POI = Not Determined as Vehicle was moved and reported away from the scene  
within the 300 blk of S 18th St

## DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Owner of V2 stated she parked her vehicle in the 300 blk of S 18th St across from 321 S 18th St at approx 1300 hrs. O2 stated she returned to her vehicle at approx 1430 hrs to find V1's front bumper in contact with her rear bumper with nobody around. O2 located O1. O2 stated that O1 did not speak English, however she was able to obtain the registration of V1, but no driver information. O1 left the area. O2 observed minor damage to the rear bumper of her vehicle.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION						POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS						
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 1		VEH 1		VEH 2				
1	X				S 18th St/L-M	POINT OF IMPACT	01	POINT OF IMPACT	05	4		2		ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian			
2	X				S 18th St/L-M	MOST DAMAGED AREA	01	MOST DAMAGED AREA	05	1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		ALCOHOL LEVEL TESTED	Y	X	Y	X	Y	X
1	13	06 Turning left 07 Making U-turn 08 Entering traffic lane				00 None	02	03	04	VEHICLE 2		VEHICLE 2		BAC LEVEL						
2	10	09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown				01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/Passing 05 Turning right	08	07	06					ALCOHOL/DRUGS SUSPECTED		Driver No. 1	Driver No. 2			
						TROOP/TEAM/BEAT SW				DEPARTMENT Lincoln Police Department				Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
OFFICER NO. 1745						INVESTIGATOR NAME (Print or Type) Kathryn Meade				INVESTIGATOR SIGNATURE Approved by Officer Kathryn Meade				DATE OF REPORT 09/15/2015						